

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 10-375)

SERIAL NO.

10/516469

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18	1	1	1			
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26	1	1	1			
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33	1		1	0		
34		1		1		
35		1		1		
36		2		2		
37		2		2		
38		1		1		
39		1		1		
40		1		1		
41		2		2		
42		2		2		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47	1		1			
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		↖	59	↖		↖
TOTAL CLAIMS			66			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55	1		1			
56		1		1		
57		2		2		
58		1		1		
59		1		1		
60		1		1		
61	1					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		2				
70		1				
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
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87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	70	↖		↖		↖
TOTAL CLAIMS	76					